The NRHM envisages improvements in range and quality of hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. The NRHM further aims to provide overarching umbrella to the existing National programmes of Health and Family Welfare including RCH-II, Malaria, Blindness, Iodine deficiency, Filaria, Kala Azar, TB., Leprosy and Integrated disease Surveillance. Further, it addresses the issue of health in a sector-wide manner addressing sanitation and hygiene, nutrition and safe drinking water as basic determinants of good health. The initiatives under NRHM are benefiting the weaker sections including the poorer and minority community.

The Government has finalized a detailed Framework for implementation of NRHM which provides the road map for operationalisation of various strategies. While the improved health services are envisaged to be available to all the citizens, special provisions are made for the underprivileged persons and persons living in underserved areas.

Modernisation of training centres

†*356. SHRI RAM JETHMALANI:
DR. MURLI MANOHAR JOSHI:

Will the Minister of MICRO, SMALL AND MEDIUM ENTERPRISES be pleased to state:

(a) whether it is a fact that Government have formulated any proposals for modernisation of training centres of Khadi and Village Industries;

(b) if so, the details of the said proposals and the names of the States where the above mentioned training centres are operating in the country at present alongwith their numbers in each State; and

(c) the training capacity available at each of these training centres?

THE MINISTER OF MICRO, SMALL AND MEDIUM ENTERPRISES (SHRI MAHABIR PRASAD): (a) to (c) No, Sir. Government (in the Ministry of Micro, Small and Medium Enterprises), on its own, has not formulated any proposal on modernization of existing training centres of Khadi and Village Industries. However, recently, Khadi and Village Industries Commission (KVIC) has forwarded a proposal to the Ministry on modernization of existing training centres and establishment of new training centres. This proposal is being discussed with KVIC to finalise the same. Details of the existing training centres, and the States where these centres are operating are enclosed as Statement-I *{See* below). The details of the training capacity of the existing training centres are enclosed as Statement-II.

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†Original notice of the question was received in Hindi.

Statement-I

Details of State/Union Territory-wise training centres in KVI sector

State	Departmental Training Centres		Non departmental Training centres	Total
	KVIC	KVIB	Institutional	
Delhi	1	0	0	1
Rajasthan	0	0	1	1
Bihar	1	0	0	1
Jharkhand	0	0	1	1
Orissa	1	0	1	2
West Bengal	1	0	1	2
Maharashtra	4	1	2	7
Andhra Pradesh	0	1	0	1
Karnataka	2	0	1	3
Kerala	1	0	2	3
Tamil Nadu	1	0	2	3
Madhya Pradesh	0	1	1	2
Uttar Pradesh	1	0	3	4
Uttarankhand	2	0	0	2
Arunachal Pradesh	0	0	1	1
Assam	0	1	1	2
Mizoram	0	1	0	1
Nagaland	0	1	0	1
GRAND TOTAL :	15	6	17	38

Statement-II

Details of capacity of the training centres in KVI sector

(No. of persons)

Sl. No.	Name of the Centre	Training Capacity
1	2	3
1	Central Palmgur and Palm Products Institute. Chennai	255
2	Khadi Gramodyog Vidyalala, Veerapandy	355

1	2	3
3	Khadi Gramodyog Vidyalaya, Hubli	277
4	Multi Disciplinary Training Centre, Bangalore	696
5	Multi Disciplinary Training Centre, Nadathara	415
6	Central Village Pottery Institute, Belgaum	65
7	Khadi Gramodyog Vidyalala, Malapally, Kerala	870
8	Khadi Gramodyog Vidyalala, Nanthiattukunnam	1475
9	Dr. JC Kumarappa Institute, T Kallupatti	650
10	Khadi Gramodyog Maha Vidyalala, Hyderabad	860
11	Multi Disciplinary Training Centre, Dahanu	340
12	Dr BR Ambedkar Institute, Nashik	605
13	CB Kora Institute of Village Industries, Borivali	270
14	Central Bee Research Institute, Pune	370
15	Regional Pottery Training Centre, Badravathi	90
16	Khadi Gramodyog Vidyalala, Shivdaspur	150
17	Kasturba Mahila Khadi Gramodyog Vidyalala, Pune	665
18	Deen Dayal Research Institute, Chitrapur	415
19	Multi Disciplinary Training Centre, New Delhi	295
20	Multi Disciplinary Training Centre, Dehradun	805
21	Multi Disciplinary Training Centre, Haldwani	745
22	Khadi Gramodyog Vidyalala, Patranga	190
23	Khadi Gramodyog Vidyalala, Varanasi	210
24	Jai Prakash Narayan Centre, Balia	320
25	TS Gokale Khadi Gramodyog Training Centre, Indore	310
26	Multi Disciplinary Training Centre Panjokhera	525
27	Intensive Khadi and Rural Development Centre, Kirnahar	145
28	Multi Disciplinary Training Centre, Birati	280
29	Thakkarbappa Khadi Gramodyog Vidyalala, Gumla	350 '
30	Multi Disciplinary Training Centre, Bhuvaneshwar	350
31	National Rural Research Education and Training Centre, Thaneswar	350

1	2	3
32	Multi Disciplinary Training Centre, Patna	825
33	Khadi Gramodyog Vidyalala, Kumarikatta	140
34	Multi Disciplinary Training Centre, Doimukh	249
35	Multi Disciplinary Training Centre, Zemabawk	560
36	Multi Disciplinary Training Centre, Dimapur	445
37	Multi Disciplinary Training Centre, Roha	1427
38	Hand Made Paper Institute, Pune	125

Rising cases of polio

*357. SHRIMATI SHOBHANA BHARTIA:
SHRIMATI SUPRIYA SULE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether rising polio cases continue to depict the country in a poor light as it stands above Pakistan and Afghanistan and next to Nigeria in the total number of polio cases reported worldwide in 2007;

(b) if so, whether Government had asked ICMR to carry out research studies alongwith the State Governments to work out strategy for effectively tackle the rising cases;

(c) if so, whether ICMR has already submitted its report and suggested the strategy for future polio campaigns in the country; and

(d) if so, what are the steps being considered to implement the suggestions made?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) The annual strategy for polio eradication is decided on the basis of the recommendation of the Indian Expert Advisory Group (IEAG) consisting of National experts and International experts from World Health Organization (WHO), United Nation's Children Fund (UNICEF), Centre for Diseases Control (CDC) Atlanta. The IEAG reviews the polio epidemiological situation two times a year and recommend the suitable strategies for the country. The National Polio Surveillance Project (NPSP) of WHO provides technical support for high quality Acute Flaccid Paralysis (AFP) surveillance and assists the Government in microplanning, training and monitoring of polio immunization campaign.

During this year, so far 185 polio cases have been reported in the country, out of which 49 are of Polio Type 1 and 136 are of Polio Type 3. There has been significant decline in the number of cases caused by the most virulent strain of poliovirus type 1 (P 1). The endemic region of western Uttar Pradesh has reported -only three type 1 polio cases this year. The core districts of Moradabad and J P Nagar, the epicenter of the outbreak last year, have not had a single case of P 1 for the last 8 months.